

2-27-06

TPW



PTO/SB/21 (09-04)

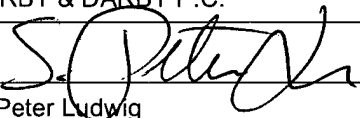
Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	10/666,423
		Filing Date	September 19, 2003
		First Named Inventor	Einar M. Sigurdsson
		Art Unit	1647
		Examiner Name	D. C. Gamett
Total Number of Pages in This Submission	3	Attorney Docket Number	05986/100K433-US2

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Response To Restriction Requirement Return Receipt Postcard Certificate of Express Mail
<div style="border: 1px solid black; padding: 5px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	DARBY & DARBY P.C.		
Signature			
Printed name	S. Peter Ludwig		
Date	February 24, 2006	Reg. No.	25,351

Express Mail Label No. _____	Dated: _____
------------------------------	--------------



Express Mail Label No. _____

Dated: _____

Docket No.: 05986/100K433-US2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Blas Frangione

Application No.: 10/666,423

Confirmation No.: 8605

Filed: September 19, 2003

Art Unit: 1647

For: SYNTHETIC IMMUNOGENIC BUT NON-
AMYLOIDOGENIC PEPTIDES
HOMOLOGOUS TO AMYLOID BETA FOR
INDUCTION OF AN IMMUNE RESPONSE TO
AMYLOID BETA AND AMYLOID DEPOSITS

Examiner: Gamett, Daniel T.

RESPONSE TO RESTRICTION REQUIREMENT

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir/Madam:

In response to the Office Action mailed January 31, 2006, the Applicants hereby elect to prosecute claims to Invention Group IV (claims 10-15, 21 and 22) in this application.

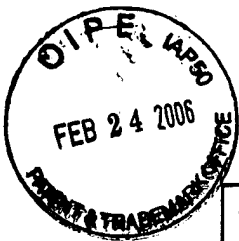
A prompt Official Action on the merits of all claims is earnestly solicited.

Date: February 24, 2006

Respectfully submitted,

S. Peter Ludwig
Reg. No. 25,351
Attorney for Applicant

DARBY & DARBY, P.C.
P.O. Box 5257
New York, NY 10150-5257
212-527-7700



Application No. (if known): 10/666,423

Attorney Docket No.: 05986/100K433-US2

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. in an envelope addressed to:

EV762806855-US

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on February 24, 2006
Date

Signature

Typed or printed name of person signing Certificate

N/A
Registration Number, if applicable

(212) 527-7700
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Response to Restriction Requirement (1 page)
Transmittal Form (1 page)
Return Receipt Postcard